

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9	1						59								
10							60		9						
11							61		9						
12							62		9						
13	1						63		9						
14							64	1							
15							65								
16							66								
17							67	1							
18	1						68								
19	1						69								
20	1						70								
21							71								
22	1						72								
23	1						73		9						
24							74		9						
25							75		9						
26	1						76		9						
27							77		9						
28							78		9						
29							79		9						
30							80		0						
31							81	1							
32							82		1						
33							83		1						
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90		9						
41	1						91		9						
42							92								
43							93								
44	1						94								
45							95								
46							96								
47							97								
48							98								
49							99								
50	9						100								
TOTAL IND.	15						TOTAL IND.	15							
TOTAL DEP.	9						TOTAL DEP.	9							
TOTAL CLAIMS	24						TOTAL CLAIMS	24							